

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Petitioner / Plaintiff

and / vs

Affidavit of Service by Mail_____
Respondent /Defendant

STATE OF MINNESOTA)
) SS
 COUNTY OF _____)
 (County where Affidavit signed)

I, _____, state that I am at least 18 years of
 (Name of person who mailed documents)

age having been born on _____, and that on _____

I served the following papers _____
 (list all papers mailed to the other party)

upon _____ by placing in an envelope a true and correct
 (Name of other party)

copy of each document addressed to _____

at _____ in the City of _____, State
 of _____, Zip Code _____ and depositing the envelope, with sufficient
 postage, in the United States Mail at the Post Office located in the City of _____
 in the State of _____.

I declare under penalty of perjury that everything I have stated in this document is true and
 correct. Minn. Stat. § 358.116.

Dated: _____

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____